



2012 GYSD Mini-Grant Evaluation

To be completed and returned to the Governor's Office of Community Service by April 27, 2012.

Project Information

Project Title			
Focus Area			
Location			

Youth Leader Contact

Name			
Address			
City, State		Zip code	
Email			
Phone			

Second Youth Leader Contact *(please add contact information for any additional youth leaders)*

Name			
Address			
City, State		Zip code	
Email			
Phone			

Supervisor or Project Coordinator Contact Information

Name			
Address			
City, State		Zip code	
Email			
Phone			

Organization Contact Information

Organization Name			
Contact Name			
Address			
City, State		Zip code	
Email			
Phone			
Website			

What did you do?

Summarize your GYSD project:	
What outcomes resulted from your project? What changed in your community because of the project? Please include numbers of any results. Example: 5 trees planted.	

Why did you do it?

How did your project address a need or problem in your community?	
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What was the most memorable moment from your project?	
Will you repeat it next year? Why or why not?	

Who helped?

How many volunteers participated in your GYSD project?	Number of Volunteers	Hours Served
Youth aged 5-12		
Youth aged 13-18		
Youth aged 19-25		
Volunteers aged 26+		
Total		

How many people (other than volunteers) benefited from your project?	
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Describe the diversity of people that participated and benefitted from your event. If you know, please tell us if your project included any American Indians, Veterans, people with disabilities, people with low income, or baby boomers (people 55+).	
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2012 GYSD Mini-Grant Final Evaluation

Did any local, state or federal government officials, or local dignitaries take part in or help plan your GYSD activities? Describe their involvement:	
Were you able to use GYSD to build or strengthen partnerships between community members and organizations? If so, how?	
How were youth involved in the planning and leadership of your event? Who were the youth leaders? Please include contact information for youth leaders.	

How did you spend your grant?

Mini-grant award amount	\$
Total mini-grant funds spent on allowable use of funds*	\$
I certify that all of the data reported above are true to the best of my knowledge and that our grant funds were fully spent according to the terms of our 2012 GYSD Mini-Grant Agreement.	
NAME & TITLE (Print):	
SIGNATURE & DATE** (Authorized Agent):	

*Unspent funds must be returned to the Governor's Office of Community Service.

**Signature should be the same as on the Mini-Grant Agreement. A signed evaluation may be sent with an electronic signature or scanned and sent via email. For organizations without scanning capabilities, this agreement also becomes binding when returned via email by the organization's authorized agent.

Attachments

- ☐ Attach at least one photo (required) and, if available, a link to online video from your event
- ☐ Send links to any news pieces (newspaper articles, TV coverage, blogs, etc.) that covered your event. You may also send hard copies of newspaper articles.
- ☐ Attach a [media release](#) for every person shown in your photos or video.

Return to:

Governor's Office of Community Service
PO Box 200801
Helena, MT 59620-0801
P: 406-444-9077
F: 406-444-4418
E: serve@mt.gov

Emailed, delivered, and mailed submissions are acceptable (email preferred).

Deadline: April 27, 2012 at noon.